

# Texas Department of State Health Services

## HIV/STD Comprehensive Services Branch

### Reporting Coversheet

Name of Agency			
Region			
Scope of Work		Source of Funds	
Contract No.			
Quarter/Reporting Period		Year	2005
Period Covered			
Prepared By	Name: Title: Email:		

Email\* reports in MS Word or PDF format to:

[hivstdreport.tech@dshs.state.tx.us](mailto:hivstdreport.tech@dshs.state.tx.us)

and CC:

Your Field Operations Consultant (all scopes **except** EACPS and THMP)

[firstname.lastname@dshs.state.tx.us](mailto:firstname.lastname@dshs.state.tx.us)

Your Public Health Regional HIV/STD Program Manager

[firstname.lastname@dshs.state.tx.us](mailto:firstname.lastname@dshs.state.tx.us)

Your Nurse Consultant (for services only)

[firstname.lastname@dshs.state.tx.us](mailto:firstname.lastname@dshs.state.tx.us)

Your Quality Management Coordinator

[firstname.lastname@dshs.state.tx.us](mailto:firstname.lastname@dshs.state.tx.us)

**\*If electronic submission is not an option, please contact your field operations consultant  
(or nurse consultant for EACPS or THMP)**

### Reporting due dates:

Contract	Q1	Q1 Due	Q2	Q2 Due	Q3	Q3 Due	Q4	Q4 Due				
PREVF	Jan-Mar	April 20	Apr-June	July 20	July-Sept	Oct 20	Oct-Dec	Jan 20				
PSHIP												
Perinatal												
RW/SS	Apr-Jun	July 20	July – Sept	October 20	Oct – Dec	January 20	Jan – Mar	April 20				
RWSNP												
MAI												
EACPS	Sept-Nov	Dec 20	Dec-Feb	Mar 20	Mar-May	June 20	June-Aug	Sept 20				
PREVS												
	Period 1		Due		Period 2		Due					
HOPWA	Feb-July		August 20		Aug-Jan		February 20					

AGENCY NAME  
REPORTING PERIOD

## **PROGRAM ISSUES**

### **I. EVALUATION OF OBJECTIVES:**

#### **A. Target Charts for EBIs, PCPE, and PCM**

Contractors are to fill out only the tables for the activities they are funded for. For example, if your program is NOT funded for PCPE then you are NOT required to fill out the "PCPE ACTIVITIES" table. Please specify which EBI you are reporting on and what your priority populations are.

**(PLEASE INSERT OBJECTIVE CHARTS FOR WHICH YOUR AGENCY IS FUNDED)**

- B.** Discuss reasons for shortfalls (staff issues, barriers, etc. and current and/or future efforts to meet program objectives in the above charts.
- C.** Discuss reasons for populations significantly exceeding projections and, if any, programmatic changes that are being made.

- II. **QUALITY ASSURANCE:** Provide a summary of quality assurance activities conducted and what program changes will result from these activities. (File audits, staff meeting, client satisfaction survey, staff observations, staff trainings, EBI tailoring requests)
- III. **OUTCOME MONITORING ACTIVITIES:** Provide a summary of outcome monitoring activities (submission of evaluation tools to DSHS for approval, collection of data, etc.)
- IV. **COLLABORATIVE EFFORTS:** Describe collaborative efforts with other programs such as HIV prevention counseling, substance abuse, STD, TB, Ryan White programs and EBI providers including those you have MOU's with. Describe activities that took place as a result of collaborative effort personnel involved, and participating agencies.
- V. **PROGRAMMATIC SUMMARY:** Provide summary information on significant events/trends in program during the current quarter (eg. Success and achievement, changes in program activities or outreach efforts and staff changes. **Please be specific which intervention you are referring to if highlight is not a general program-wide highlight.**



## VI. PERSONNEL

Employee Name Title	Date of Hire	Date of Termination	Training to date	Training Date	Monitored Activities to date	Monitoring Date	Scope of work monitored (PCPE, PCM, EBI, Recruitment)
Smith, Susie EBI Lead	10/02	N/A	Facts & Fallacies	02/03	SMART Group	04/12/03	
			Bridging Theory	03/03	PCPE Initial	04/30/03	

Example